U.S. Department of Labor Office of Labor-Management -Standards Waਿਛਜੋਂgton, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approve 3 Office of Management and Budget No. 1215-0188 Expires 11-30-2 XX

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

(5)	2 Figure County State
1. File Number U - 3320	2. Fiscal Year Covered From:
	1 / 1 / 04 Through: 2 / 31 / 04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name John II Stroup	Name Laborers Local 840
•	Labor Organization File Number 011-963
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number, if any 10 By
Street 4814 Hwy 15	Street 10760 CD. Rd. 2000
chy Sullifan	city RO10
State MISSOUR ZIP Code + 4 63080	State [M, SSOU] ZIP Code + 4 65402
5. Position in labor organization. Sarretary Treasurer and Business Manager	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	no activity
P.O. Box, Bldg., Room No., if any	
	7.b. Amount.
Street	
City	nonctivity
State ZIP Code + 4	
Signature	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

Name of Person Filing JOHN I. Stroup	File Number U- 332 ()
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bidg., Room No., if any	c. Employer
Street	activity
State ZIP Code + 4	
State (
10. If 9.b. or 9.c, is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	no activity
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any Street	
City	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.
State ZIP Code + 4	Z.a. read of miles a read of mounts received.
	40 Activity
	12.b. Amount.
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name Laborers. ABC Training Center	2 tinkets to the
Trade Name, if any:	a tickets to the
P.O. Box, Bidg., Room No., if any	March 18, 2004, Apprenticeship
street 35 Oppositualty Road	Banquet
city H. h. H. I.	July 1
State M. 5 Sour: ZIP Code + 4 (6.3350)	
13.b. Is the Business an Employer or Consultant 7	14.b. Amount of payment. \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\